

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

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**GOVERNOR'S OFFICE**  
**LEGAL AFFAIRS**

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
Mathews	Katherine	W.			
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
444 N. Capitol Street, NW, Suite 134	Washington	DC	20001	202-624-5280	

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

Governor's Washington DC Office

Division, Board, District, if applicable:

Your Position:

Deputy Director

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2007, through December 31, 2007.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2007.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2007, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate

**4. Schedule Summary**

➔ Total number of pages including this cover page: 3

➔ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes – schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2 ☐ Yes – schedule attached  
*Investments (10% or greater Ownership)*

Schedule B ☐ Yes – schedule attached  
*Real Property*

Schedule C ☐ Yes – schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D ☒ Yes – schedule attached  
*Income – Gifts*

Schedule E ☐ Yes – schedule attached  
*Income – Travel Payments*

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/31/08

Signature

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>K. Mathews</u>

> NAME OF BUSINESS ENTITY  
IBM

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
technology

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock  
☐ Other \_\_\_\_\_  
(Describe)

IF APPLICABLE, LIST DATE:  
       /        / 07             /        / 07  
ACQUIRED                      DISPOSED

> NAME OF BUSINESS ENTITY  
Bear Sterns

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
managed account

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock  
☐ Other \_\_\_\_\_  
(Describe)

IF APPLICABLE, LIST DATE:  
       /        / 07             /        / 07  
ACQUIRED                      DISPOSED

> NAME OF BUSINESS ENTITY  
Morgan Stanley

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
financial services

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock  
☐ Other \_\_\_\_\_  
(Describe)

IF APPLICABLE, LIST DATE:  
       /        / 07             /        / 07  
ACQUIRED                      DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☐ Other \_\_\_\_\_  
(Describe)

IF APPLICABLE, LIST DATE:  
       /        / 07             /        / 07  
ACQUIRED                      DISPOSED

> NAME OF BUSINESS ENTITY  
All State Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
insurance

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock  
☐ Other \_\_\_\_\_  
(Describe)

IF APPLICABLE, LIST DATE:  
       /        / 07             /        / 07  
ACQUIRED                      DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☐ Other \_\_\_\_\_  
(Describe)

IF APPLICABLE, LIST DATE:  
       /        / 07             /        / 07  
ACQUIRED                      DISPOSED

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name K. Mathews
---

> NAME OF SOURCE  
Maverick Films  
 ADDRESS  
11400 W. Olympic Blvd, 14th Floor LA, CA 90064  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 27 / 07</u>	<u>\$ 64.98</u>	<u>flowers/box of candy</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

> NAME OF SOURCE  
 ADDRESS  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

> NAME OF SOURCE  
 ADDRESS  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

> NAME OF SOURCE  
 ADDRESS  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

> NAME OF SOURCE  
 ADDRESS  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

> NAME OF SOURCE  
 ADDRESS  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

Comments: \_\_\_\_\_

# SCHEDULE D Income - Gifts

CALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

NAME OF SOURCE

Maverick Films

ADDRESS

11400 W. Olympic Blvd, 14th Floor LA, CA 90064

BUSINESS ACTIVITY, IF ANY, OF SOURCE

entertainment

DATE (m/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/27/07	\$4.93	flowers/box of candy
/ /	\$	
/ /	\$	

NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (m/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (m/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (m/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (m/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

## Verification

Print Name Katherine W. Mathews

Office, Agency or Court Governors Washington, DC Office

Statement Type ☐ 2007/2008 Annual ☐ Assuming ☐ Leaving  
☒ Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/9/09

Signature

Comments: donor reimbursed cost of gift in full 3/9/09